

Revision: HCFA-PM-93-5 (MB)
MAY 1993

State: Texas

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

XX Part A XX Part B

— The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

| | |
|-------------------------------|---|
| STATE <u>Texas</u> | A |
| DATE REC'D <u>SEP 20 1993</u> | |
| DATE APP'D <u>OCT 01 1993</u> | |
| DATE EFF <u>JUL 01 1993</u> | |
| HCFA 174 <u>93-26</u> | |

TN No. 93-26
Supersedes 93-18
TN No. 93-18

Approval Date OCT 01 1993

Effective Date JUL 01 1993

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

Citation

1902(a)(10)(E)(ii)
and 1905(s) of the Act

(ii) Qualified Disabled and Working
Individual (ODWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the ODWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

(iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),
1905(p)(3)(A)(ii), and
1933 of the Act

(iv) Qualifying Individual-1
(QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

1902(a)(10)(E)(iv)(II),
1905(p)(3)(A)(ii), and
1933 of the Act

(v) Qualifying Individual-2
(QI-2)

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.

| | |
|---------------------------|---|
| STATE <u>TX</u> | A |
| DATE REC'D <u>3-31-98</u> | |
| DATE APP'D <u>4-21-98</u> | |
| DATE EFF <u>1-1-98</u> | |
| HCFA 174 <u>98-03</u> | |

TN No. 98-03
Supersedes
TN No. 93-05

Approval Date 4-21-98

Effective Date 1-1-98

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

Citation

1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

— All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) withing a group listed at 42 CFR 431.625(d)(2).

— Individuals receiving title II or Railroad Retirement benefits.

*

XX Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

— The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

| | |
|---------------------------|---|
| STATE <u>TX</u> | A |
| DATE REC'D <u>3-31-98</u> | |
| DATE APP'D <u>4-21-98</u> | |
| DATE EFF <u>1-1-98</u> | |
| HCFA 179 <u>98-03</u> | |

* All the above individuals except:
Institutionalized individuals whose Medicaid eligibility is determined under the special income limit and who are not eligible for the QMB or SLMB programs. NOTE: State supplements are not applicable.

TN No. 98-03
Supersedes 92-05 Approval Date 4-21-98 Effective Date 1-1-98

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: Texas

Citation

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),
1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B
describes the methods and standards for
establishing payment rates for services
covered under Medicare, and/or the
methodology for payment of Medicare
deductible and coinsurance amounts, to the
extent available for each of the following
groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries
(QMBs)

The Medicaid agency pays Medicare
Part A and Part B deductible and
coinsurance amounts for QMBs
(subject to any nominal Medicaid
copayment) for all services
available under Medicare.

1902(a)(10), 1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for
Medicaid services also covered under
Medicare and furnished to recipients
entitled to Medicare (subject to any
nominal Medicaid copayment). For
services furnished to individuals
who are described in section
3.2(a)(1)(iv), payment is made as
follows:

42 CFR 431.625
*Part B deductible only

XXX For the entire range of
services available under
Medicare Part B. *

**Part B coinsurance and Part
A deductible/coinsurance

XXX Only for the amount, duration,
and scope of services otherwise
available under this plan. **

1902(a)(10), 1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare
Part A and Part B deductible and
coinsurance amounts for all services
available under Medicare and pays
for all Medicaid services furnished
to individuals eligible both as QMBs
and categorically or medically needy
(subject to any nominal Medicaid
copayment).

| | |
|-------------------------------|---|
| STATE <u>Texas</u> | A |
| DATE REC'D <u>APR 01 1993</u> | |
| DATE APP'D <u>MAY 03 1993</u> | |
| DATE EFF <u>JAN 01 1993</u> | |
| HCFA 179 <u>93-05</u> | |

TN No. 93-05 Approval Date MAY 03 1993 Effective Date JAN 01 1993
Supersedes 92-05
TN No. 92-05

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.:

State/Territory: Texas

Citation Condition or Requirement

1906 of the
Act

(c) Premiums, Deductibles, Coinsurance
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)
of the Act

(d) ☒ The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

| | |
|---------------------------|---|
| STATE <u>Texas</u> | A |
| DATE REC'D <u>2-7-92</u> | |
| DATE APPV'D <u>6-2-94</u> | |
| DATE EFF <u>7-1-94</u> | |
| HCFA ID <u>92-03</u> | |

TN No. 92-03

Supercedes

TN No. 91-19

Approval Date

6/2/94

Effective Date

9/1/94

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.:

State/Territory: Texas

Citation

Condition or Requirement

1906 of the
Act

* (c)

~~Premiums, Deductibles, Coinsurance
and Other Cost Sharing Obligations~~

~~The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.~~

~~When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).~~

1902(a)(10)(F)
of the Act

(d)

☐ The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

* Addressed in separate State Plan Amendment No. TN92-03

TN No. 92-12

Supercedes

Approval Date

APR 29 1992

Effective Date

JAN 01 1992TN No. None - new item (d)

HCFA ID: 7983E

| | | |
|-------------|--------------------|---|
| STATE | <u>Texas</u> | A |
| DATE REC'D | <u>MAR 31 1992</u> | |
| DATE APPV'D | <u>APR 29 1992</u> | |
| DATE EFF | <u>JAN 01 1992</u> | |
| HCFA 179 | <u>92-12</u> | |

Revision: HCFA - Region VI
June 1991

State/Territory: TEXAS

provided to the individual as an
enrollee of the group health plan.

If so, the minimum enrollment period
is: _____

| | |
|---------------------------|---|
| STATE <u>Texas</u> | A |
| DATE REC'D <u>7-2-91</u> | |
| DATE APPV'D <u>8-2-91</u> | |
| DATE EFF <u>4-1-91</u> | |
| HCFA 179 <u>91-19</u> | |

Supersedes - None - New Page